

COLORADO SEARCH AND RESCUE FUND MISSION REPORT – PRIORITY TIERS I, II AND III

Colorado
Department of
Local Affairs

A. GENERAL INFORMATION _____

- B.
- | | | |
|---------------------|----------------------------------|--------------|
| 1. Applicant County | 2. Sheriff | 3. Telephone |
| 4. County Case # | 5. Date and Time Mission Started | |

Is this mission reported submitted for reimbursement from the Search and Rescue Fund? ☐ Yes ☐ No
If so, please complete license information, fill in all relevant cost information and attach necessary receipts, etc.

6. Funding Tier – Check appropriate box (attach license if available)
- | | | |
|--|--|--|
| <input type="checkbox"/> Tier I – Subject Licensed | <input type="checkbox"/> Tier II – Relative Licensed | <input type="checkbox"/> Tier III – No License |
|--|--|--|

Conservation Cert. No.
Vehicle Registration No.
CORSAR Card No.

Date of Purchase
Date of Purchase
Date of Purchase

B. SUBJECT INFORMATION _____

1. Subject Name	Address	Date of Birth	Sex
A.			
B.			
C.			
D.			

2. Licensed Relative's Name/Relationship if applicable _____

C. FINANCIAL INFORMATION _____

Itemized Costs (attach original invoice)	Hourly/Unit Cost	Subtotal
1. Equipment		
2. Mileage		
3. Meals		
4. Room Rental		
5. Other		
TOTAL AMOUNT REQUESTED		

D. SEARCH INFORMATION

1. Unit Submitting Report _____ Unit Missions # _____

2. Incident Commander _____ AFRCC # _____

E. DESCRIPTION OF INCIDENT**F. DESCRIPTION OF RESPONSE***[Attach sheet if additional narrative is required]*

ACTIVITY		SITUATION	Response Type	(if lost) Search Techniques Used	Rescue/Recovery Techniques Used
<input type="checkbox"/> Climber	<input type="checkbox"/> Aircraft	<input type="checkbox"/> Lost/Overdue	<input type="checkbox"/> Standby	<input type="checkbox"/> Confinement	<input type="checkbox"/> Assist/Own Power
<input type="checkbox"/> Hiker	<input type="checkbox"/> Walkaway	<input type="checkbox"/> Stranded	<input type="checkbox"/> Responded	<input type="checkbox"/> Attraction	<input type="checkbox"/> Carry-Out by Foot
<input type="checkbox"/> Fisherman	<input type="checkbox"/> Evid. Search	<input type="checkbox"/> Injury	<input type="checkbox"/> Search	<input type="checkbox"/> Hasty Search	<input type="checkbox"/> Rock/Scree Evac.
<input type="checkbox"/> Skier	<input type="checkbox"/> Other	<input type="checkbox"/> Illness	<input type="checkbox"/> Rescue	<input type="checkbox"/> Visual Tracking	<input type="checkbox"/> Evac. By Animal
<input type="checkbox"/> Bicycle		<input type="checkbox"/> Public Service	<input type="checkbox"/> Recovery	<input type="checkbox"/> Search Dogs	<input type="checkbox"/> Watercraft Evac.
<input type="checkbox"/> Boat		<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Line Search	<input type="checkbox"/> Vehicle Evac.
<input type="checkbox"/> OHV			<input type="checkbox"/> Land	<input type="checkbox"/> Air Search	<input type="checkbox"/> Aircraft Evac.
<input type="checkbox"/> Snowmobile			<input type="checkbox"/> Air	<input type="checkbox"/> Other	<input type="checkbox"/> Other
			<input type="checkbox"/> Water		

G. RESULTS

Subject(s) Found/Rescued: _____ Date _____ Time _____

<input type="checkbox"/> By SAR Effort	<input type="checkbox"/> By Self	<input type="checkbox"/> Not Found/Rescued
<input type="checkbox"/> By Public (non/SAR)	<input type="checkbox"/> Never Needed Help	<input type="checkbox"/> Other _____

Reason Terminated	(if lost) Found In	Clues Found By	Subject Found By	As result of SAR effort- Total number of persons FOUND RESCUED SAVED
<input type="checkbox"/> Successful	<input type="checkbox"/> Primary Search Area	<input type="checkbox"/> Interrogation	<input type="checkbox"/>	<div>DESCRIPTION OF FIND/RESCUE</div>
<input type="checkbox"/> Lack Manpower	<input type="checkbox"/> Secondary Search Area	<input type="checkbox"/> Confinement	<input type="checkbox"/>	
<input type="checkbox"/> Lack Equipment	<input type="checkbox"/> Area Previously Searched	<input type="checkbox"/> Attraction	<input type="checkbox"/>	
<input type="checkbox"/> Lack Support	<input type="checkbox"/> Out of Area	<input type="checkbox"/> Hasty Search	<input type="checkbox"/>	
<input type="checkbox"/> Lack Clues	<input type="checkbox"/> Home, Bar, Motel, etc.	<input type="checkbox"/> Visual Tracking	<input type="checkbox"/>	
<input type="checkbox"/> Hazardous Terrain	<input type="checkbox"/> Other _____	<input type="checkbox"/> Search Dogs	<input type="checkbox"/>	
<input type="checkbox"/> Severe Weather		<input type="checkbox"/> Line Search	<input type="checkbox"/>	
<input type="checkbox"/> Area too Large		<input type="checkbox"/> Helicopter	<input type="checkbox"/>	
<input type="checkbox"/> Authority Decision		<input type="checkbox"/> Fixed Wing	<input type="checkbox"/>	
<input type="checkbox"/> Family Decision		<input type="checkbox"/> Subject's Signal	<input type="checkbox"/>	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other	<input type="checkbox"/>	

H. MEDICAL**I. SUBJECT BEHAVIOR**

Extent of Injuries			Cause of Incident	(if lost) Reason(s)	(if injury) Reason(s)
A	B	C			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Human Error (self)	<input type="checkbox"/> Poor Supervision	<input type="checkbox"/> Haste
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Another Person	<input type="checkbox"/> Accidental Supervision	<input type="checkbox"/> Exceeded Ability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Darkness	<input type="checkbox"/> Intentional Separation	<input type="checkbox"/> Fatigue
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Environment/wx	<input type="checkbox"/> Took Short Cut	<input type="checkbox"/> Fall or Slip
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Falling Object	<input type="checkbox"/> Poor/No Map	<input type="checkbox"/> Inadequate Equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Disoriented	<input type="checkbox"/> Anchor/Belay Failed
			<input type="checkbox"/> Other	<input type="checkbox"/> Misjudged Time/Distance	<input type="checkbox"/> Other

TRAVEL DATA (if lost)

Air distance from last Seen point (miles)	Elevation change from last seen Point to where found (feet) <input type="checkbox"/> UP <input type="checkbox"/> DOWN <input type="checkbox"/> SAME ELEVATION
Time Moving (hours): <div style="border: 1px solid black; width: 100px; height: 40px; margin: 10px 0;"></div>	<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> BOTH

K. RESOURCESEQUIPMENT INVOLVED AND COSTS

<u>No.</u>	<u>Miles/Hours</u>	<u>Costs</u>
	Helicopter	
	Fixed Wing	
	Ambulances	
	2 WD Vehicles	
	4 WD Vehicles	
	Power Boats	
	Snowmobiles	
	Horses	
	Dogs	

MANHOURS SUMMARY

Total number of your personnel involved

Total manhours expended by your unit

Total number of ALL personnel involved

Total manhours expended by ALL personnel

L. OTHER SAR UNITS INVOLVED

Unit Name

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

M. AUTHORIZATION

I certify that the above report and listing of expenses is true and correct. I have attached all applicable original receipts and understand that I am responsible for disbursement of monies to all agencies or groups that assisted in this search and rescue incident.

MISSION REPORT/REQUEST

PREPARED BY:

NAME

RANK

DATE

REQUEST APPROVED BY:

SHERIFF'S ORIGINAL SIGNATURE REQUIRED FOR REIMBURSEMENT

N. DLA/SAR FUND RECEIPT/APPROVAL

REQUEST REVIEW BY:

DATE:

REQUEST APPROVED BY:

DATE: